		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0036244

Facility Name: Alden Princeton Rehab & HCC

Address: 255 W. 69th St. (Number) Chicago (City) 60621 (Zip Code)

County: Cook

Telephone Number: (773) 224-5900 **Fax #** (773) 224-7157

IDPA ID Number: 36-370816900

Date of Initial License for Current Owners: 08/24/90

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2001 to 12/31/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Steven M. Kroll
(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	225	Skilled (SNF)	225	82,125	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	225	TOTALS	225	82,125	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	29,121	1,847	4,184	35,152	8
9	SNF/PED					9
10	ICF	23,250	239	240	23,729	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	52,371	2,086	4,424	58,881	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.70%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 07/01/90

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 07/01/90 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 73 and days of care provided 3,078

Medicare Intermediary AdminiStar Federal, Inc

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/01 Fiscal Year: 12/31/01

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	182,910	37,484		220,394	679	221,073		221,073			1
2	Food Purchase		327,028		327,028	(25,241)	301,787	(50,387)	251,400			2
3	Housekeeping	174,836	31,594		206,430	406	206,836		206,836			3
4	Laundry	66,379	36,903		103,282	154	103,436		103,436			4
5	Heat and Other Utilities			208,008	208,008		208,008		208,008			5
6	Maintenance	41,993		292,927	334,920		334,920	22,205	357,125			6
7	Other (specify):*											7
8	**TOTAL General Services**	466,118	433,009	500,935	1,400,062	(24,002)	1,376,060	(28,182)	1,347,878			8
	B. Health Care and Programs											
9	Medical Director			73,000	73,000		73,000		73,000			9
10	Nursing and Medical Records	1,985,737	413,989	6,680	2,406,406	(3,805)	2,402,601	(82,259)	2,320,342			10
10a	Therapy											10a
11	Activities	81,226	6,149	1,890	89,265	345	89,610		89,610			11
12	Social Services	35,446		630	36,076		36,076		36,076			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,102,409	420,138	82,200	2,604,747	(3,460)	2,601,287	(82,259)	2,519,028			16
	C. General Administration											
17	Administrative	172,045			172,045		172,045		172,045			17
18	Directors Fees											18
19	Professional Services			671,265	671,265	(2,750)	668,515	(599,989)	68,526			19
20	Dues, Fees, Subscriptions & Promotions			34,334	34,334		34,334	(17,059)	17,275			20
21	Clerical & General Office Expenses	501,718	15,334	35,021	552,073	327	552,400	69,548	621,948			21
22	Employee Benefits & Payroll Taxes			448,766	448,766	19,455	468,221	63,318	531,539			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,515	1,515		1,515	12,926	14,441			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			112,338	112,338		112,338	(773)	111,565			26
27	Other (specify):*			183,812	183,812		183,812	(183,812)				27
28	**TOTAL General Administration**	673,763	15,334	1,487,051	2,176,148	17,032	2,193,180	(655,841)	1,537,339			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,242,290	868,481	2,070,186	6,180,957	(10,430)	6,170,527	(766,282)	5,404,245			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Princeton Rehab & HCC #0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			46,957	46,957		46,957	271,960	318,917			30
31	Amortization of Pre-Op. & Org.							11,665	11,665			31
32	Interest			97,477	97,477		97,477	561,291	658,768			32
33	Real Estate Taxes					2,750	2,750	233,379	236,129			33
34	Rent-Facility & Grounds			1,094,973	1,094,973		1,094,973	(1,094,315)	658			34
35	Rent-Equipment & Vehicles			9,120	9,120		9,120	24,545	33,665			35
36	Other (specify):*							37,987	37,987			36
37	**TOTAL Ownership**			1,248,527	1,248,527	2,750	1,251,277	46,512	1,297,789			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		152,212	655,276	807,488	7,680	815,168	(297,218)	517,950			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			123,188	123,188		123,188		123,188			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		152,212	778,464	930,676	7,680	938,356	(297,218)	641,138			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,242,290	1,020,693	4,097,177	8,360,160		8,360,160	(1,016,988)	7,343,172			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	12,004	30		9
10	Interest and Other Investment Income	(104,025)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(480)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(25,560)	32		18
19	Entertainment				19
20	Contributions	(5,539)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(183,812)	27		24
25	Fund Raising, Advertising and Promotional	(7,950)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(3,374)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (318,736)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(586,004)		34
35	Other- Attach Schedule	(112,248)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (698,252)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,016,988)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Princeton Rehab & HCC

ID# **0036244**

Report Period Beginning: **01/01/2001**

Ending: **12/31/2001**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Blood glucose prior year exp adj backed out on 5A	$ 13,563	19	1
2	Various prof fees priro year expense adjustments	7,500	19	2
3	American healthcare prior year exp adj backed out	300	20	3
4	Real estate tax refund from "1992" backed out	30,568	33	4
5	Illinois healhtcare association - back out pac fees	(810)	20	5
6	non-cost: hmo nursing supply (gl 5026)	(25,850)	39	6
7	non-cost: hmo drugs supply (gl 5042)	(28,120)	39	7
8	non-cost: hmo therapy (gl 5040)	(93,325)	39	8
9	non-cost: part b therapy c/a's in 5212/5213/5214	(6,089)	39	9
10	misc deprec adj to reconcile to actual	85	30	10
11	record deprec expense on painting reclassed in '99	4,919	6	11
12	record deprec expense on painting reclassed in '00	3,249	6	12
13	record deprec exp. on painting reclassed prior yrs	3,571	6	13
14	reduce insur exp by $29/bed… late audit adj.	(6,525)	26	14
15	reduce real estate tax cost for 1/2 of refund('92)	(15,284)	33	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(112,248)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(480)	0	0	(49,907)	0	0	0	0	0	0	0	(50,387)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	11,739	0	10,473	0	0	0	(7)	0	0	0	0	22,205	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	11,259	0	10,473	(49,907)	0	0	(7)	0	0	0	0	(28,182)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(81,471)	(788)	0	0	0	0	0	0	(82,259)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	(81,471)	(788)	0	0	0	0	0	0	(82,259)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	21,063	3,200	(624,252)	0	0	0	0	0	0	0	0	(599,989)	19
20	Fees, Subscriptions & Promotions	(17,373)	0	314	0	0	0	0	0	0	0	0	(17,059)	20
21	Clerical & General Office Expenses	0	1,007	30,314	33,696	4,531	0	0	0	0	0	0	69,548	21
22	Employee Benefits & Payroll Taxes	0	0	62,389	0	929	0	0	0	0	0	0	63,318	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	12,926	0	0	0	0	0	0	0	0	12,926	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(6,525)	5,752	0	0	0	0	0	0	0	0	0	(773)	26
27	Other (specify):*	(183,812)	0	0	0	0	0	0	0	0	0	0	(183,812)	27
28	**TOTAL General Administration**	(186,647)	9,959	(518,309)	33,696	5,460	0	0	0	0	0	0	(655,841)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(175,388)	9,959	(507,836)	(97,682)	4,672	0	(7)	0	0	0	0	(766,282)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	12,089	246,880	11,855	0	1,136	0	0	0	0	0	0	271,960	30
31	Amortization of Pre-Op. & Org.	0	7,220	244	0	0	4,201	0	0	0	0	0	11,665	31
32	Interest	(129,585)	643,490	38,095	0	1,735	7,556	0	0	0	0	0	561,291	32
33	Real Estate Taxes	15,284	210,933	6,866	0	296	0	0	0	0	0	0	233,379	33
34	Rent-Facility & Grounds	0	(1,094,973)	658	0	0	0	0	0	0	0	0	(1,094,315)	34
35	Rent-Equipment & Vehicles	0	0	24,545	0	0	0	0	0	0	0	0	24,545	35
36	Other (specify):*	0	37,987	0	0	0	0	0	0	0	0	0	37,987	36
37	**TOTAL Ownership**	(102,212)	51,537	82,263	0	3,167	11,757	0	0	0	0	0	46,512	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(153,384)	0	0	(12,989)	(34,524)	(96,321)	0	0	0	0	0	(297,218)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(153,384)	0	0	(12,989)	(34,524)	(96,321)	0	0	0	0	0	(297,218)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(430,984)	61,496	(425,573)	(110,671)	(26,685)	(84,564)	(7)	0	0	0	0	(1,016,988)	45

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 1,094,973	Princeton Associates Limited Partnership	100.00%	$	$ (1,094,973)	1
2	V	32	Interest Income	13,766	Princeton Associates Limited Partnership			(13,766)	2
3	V	32	Misc. Income	34	Princeton Associates Limited Partnership			(34)	3
4	V	19	Audit fees		Princeton Associates Limited Partnership		3,200	3,200	4
5	V	21	Misc.		Princeton Associates Limited Partnership		1,007	1,007	5
6	V	33	Real estate taxes		Princeton Associates Limited Partnership		210,933	210,933	6
7	V	26	Insurance		Princeton Associates Limited Partnership		5,752	5,752	7
8	V	32	Interest - Mortgage		Princeton Associates Limited Partnership		595,219	595,219	8
9	V	32	Interest - Loan		Princeton Associates Limited Partnership		62,071	62,071	9
10	V	36	Mortgage Ins. Prem.		Princeton Associates Limited Partnership		37,987	37,987	10
11	V	30	Depreciation		Princeton Associates Limited Partnership		246,880	246,880	11
12	V	31	Amortization		Princeton Associates Limited Partnership		7,220	7,220	12
13	V								13
14	Total			$ 1,108,773			$ 1,170,269	$ * 61,496	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Benefits	$	Alden Management Services, Inc.	0.00%	$ 62,389	$ 62,389	15
16	V	19	Management fees	635,642	Alden Management Services, Inc.		11,390	(624,252)	16
17	V	21	Gen'l & Admin.		Alden Management Services, Inc.		30,314	30,314	17
18	V	6	maintenance/utilities		Alden Management Services, Inc.		10,473	10,473	18
19	V	24	autos/seminars		Alden Management Services, Inc.		12,926	12,926	19
20	V	20	dues/subscriptions		Alden Management Services, Inc.		314	314	20
21	V	30	depreciation		Alden Management Services, Inc.		11,855	11,855	21
22	V	31	amortization		Alden Management Services, Inc.		244	244	22
23	V	33	real estate tax		Alden Management Services, Inc.		6,866	6,866	23
24	V	34	rent		Alden Management Services, Inc.		658	658	24
25	V	35	rent-equipt/vehicles		Alden Management Services, Inc.		24,545	24,545	25
26	V	32	interest		Alden Management Services, Inc.		38,095	38,095	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 635,642			$ 210,069	$ * (425,573)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	TUBE FEEDING	$ 69,517	PYRAMID HEALTH CARE SERVICES	100.00%	$ 19,610	$ (49,907)	15
16	V	10	NURSING SUPPLIES	105,605	PYRAMID HEALTH CARE SERVICES		24,134	(81,471)	16
17	V	39	SUPPLIES / PER DIEM FEES	31,680	PYRAMID HEALTH CARE SERVICES		18,691	(12,989)	17
18	V	21	GENERAL & ADMIN.		PYRAMID HEALTH CARE SERVICES		33,696	33,696	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 206,802			$ 96,131	$ * (110,671)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	$ 104,345	Forum Extended Care II	100.00%	$ 81,762	$ (22,583)	15
16	V	10	house stock	3,640	Forum Extended Care II		2,852	(788)	16
17	V	39	iv	55,173	Forum Extended Care II		43,232	(11,941)	17
18	V	22	fringe benefits		Forum Extended Care II		929	929	18
19	V	21	gen'l & admin		Forum Extended Care II		4,531	4,531	19
20	V	32	interest		Forum Extended Care II		1,735	1,735	20
21	V	33	real estate tax		Forum Extended Care II		296	296	21
22	V	30	depreciation		Forum Extended Care II		1,136	1,136	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 163,158			$ 136,473	$ * (26,685)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	CPT REVENUES	$ 477,279	COMMUNITIY PHYSICAL THERAPY	100.00%	$ 380,958	$ (96,321)	15
16	V	31	AMORTIZATION		COMMUNITIY PHYSICAL THERAPY		4,201	4,201	16
17	V	32	INTEREST		COMMUNITIY PHYSICAL THERAPY		7,556	7,556	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 477,279			$ 392,715	$ * (84,564)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	maintenance expenses	$ 1,150	Alden Bennett Construction	100.00%	$ 1,143	$ (7)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 1,150			$ 1,143	$ * (7)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	100.00	337,102	3.474	5.79	salary	$ 20,723	21-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	75,471	2.316	5.79	salary	4,639	21-1	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	68,945	2.316	5.79	salary	4,238	21-1	3
4	Joan Carl d.	Secretary	Vice-President	0.00	170,508	3.474	5.79	salary	10,482	21-1	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	$ 40,082		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [x] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		see page 8a…				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Prudential		x	mortgage	$64,483.00	2/1/89	$ 7,098,500	$ 6,779,651	12/1/30	10.2500	$ 595,219	1
2												2
3	Corus		x	operations	$14,445.00	7/1/01	505,555	404,440	4/1/04	6.7500	55,097	3
4	Officer loan	x		operations	none	2/28/01	250,000	250,000	open	8.0000	16,821	4
5												5
	Working Capital											
6	RELATED PARTY - CPT	X		OPERATIONS	NONE					VARIES	7,556	6
7	Related party - AMS/FECII	X		OPERATIONS	NONE					VARIES	39,830	7
8	Prudential		x	operating loan	$5,602.00	6/1/93	739,300	707,001	12/01/30		62,071	8
9	TOTAL Facility Related				$84,530.00		$ 8,593,355	$ 8,141,092			$ 776,594	9
	B. Non-Facility Related*											
10	offset interest expense with interest income on partnership										(13,800)	10
11	offset interest expense with interest income on nursing facility										(95,337)	11
12	offset interest expense with dividend income on nursing facility										(8,688)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (117,825)	14
15	TOTALS (line 9+line14)						$ 8,593,355	$ 8,141,092			$ 658,768	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	300,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	266,501	2
3. Under or (over) accrual (line 2 minus line 1).	$	(33,499)	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)	$	275,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	2,750	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND** $ 30,568 **For** 19 92 **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	(15,284)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	228,967	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1996	271,340	8
	1997	280,061	9
	1998	285,032	10
	1999	283,119	11
	2000	266,501	12

2001 ACCRUAL BASED ON AN ESTIMATED 3% INCREASE OF ACTUAL BILL PAID IN 2001
$266,501 X 1.03 = $275,000

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Princeton Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0036244

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	20-21-413-001-0000	Nursing home facility	$ 14,306.79	$ 14,306.79
2.	20-21-413-002-0000	Nursing home facility	$ 13,616.54	$ 13,616.54
3.	20-21-413-003-0000	Nursing home facility	$ 53,270.62	$ 53,270.62
4.	20-21-413-004-0000	Nursing home facility	$ 79,095.24	$ 79,095.24
5.	20-21-413-005-0000	Nursing home facility	$ 13,618.10	$ 13,618.10
6.	20-21-413-022-0000	Nursing home facility	$ 13,362.18	$ 13,362.18
7.	20-21-413-032-0000	Nursing home facility	$ 283.09	$ 283.09
8.	20-21-413-035-0000	Nursing home facility	$ 78,948.20	$ 78,948.20
9.		Related party -Alden Management	$ 118,551.00	$ 6,866.00
10.			$	$
		TOTALS	$ 385,051.76	$ 273,366.76

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,000 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing home	82,377	1989	$ 151,068	1
2					2
3	TOTALS	82,377		$ 151,068	3

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	$ 18,359	$	22	$	$	$ 18,359	4
5											5
6	225		1990	1989	6,937,625	221,738	30	231,254	9,516	2,659,421	6
7			1992	1992	44,020		30	1,467	1,467	13,812	7
8			1993	1993	30,616		30	1,021	1,021	9,456	8
	Improvement Type**										
9	Related Party-Forum:										9
10	Leasehold Improvement-Remodeling			1980	19,335		20			19,335	10
11	Leasehold Improvement-Remodeling			1980	1,208		10			1,208	11
12	Leasehold Improvement-Remodeling			1986	645		5			645	12
13	Leasehold Improvement-Remodeling			1990	404		5			404	13
14	Leasehold Improvement-Remodeling			1991	94		5			94	14
15	Leasehold Improvement-Remodeling			1993	8,304	830	10	830		7,474	15
16	Leasehold Improvement-Remodeling			1993	6,504	671	9.7	671		6,035	16
17	Leasehold Improvement-sign			1994	261	22	12	22		174	17
18	Leasehold Improvement-dryvit			1995	443	44	10	44		310	18
19	Leasehold Improvement-new ac			1999	723	48	15	48		145	19
20	Leasehold Improvement-roof			1985	972	51	19	51		870	20
21	Leasehold Improvement-roof			1994	863	58	15	58		460	21
22	Leasehold Improvement-roof			1997	819	55	15	55		273	22
23	Leasehold Improvement-roof			1998	1,390	93	15	93		371	23
24	Leasehold Improvement-parking lot asphalt			2000	111	11	10	11		22	24
25	Leasehold Improvement-hallway lighting			2001	155	16	10	16		16	25
26	Leasehold Improvement-DAI			2001	195	19	10	19		19	26
27											27
28	Related Party-AMS:										28
29	Leasehold Improvement-Remodeling			1993	4,266		7			4,266	29
30	Leasehold Improvement-Remodeling			1994	2,112	64	7	64		2,112	30
31											31
32	Related Party-FECII:			1999	4,651	247	5	247		357	32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC	1991	$ 7,180	$	VARIOUS	$	$	$ 7,180	37
38	EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET/	1992	11,688	(66)	VARIOUS	(66)		12,026	38
39	WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES	1993	24,066	944	VARIOUS	944		18,929	39
40	DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU	1995	27,107	1,680	VARIOUS	1,680		12,151	40
41	NEW CARPETING	1996	1,400	140	10	140		817	41
42	COIL REPLACEMENT(AIR CONDITIONER)	1996	4,821	482	10	482		2,772	42
43	CEILING REPAIRS	1996	1,700	142	12	142		826	43
44	INSTALL SB 35 PUMP	1997	3,287	329	10	329		1,425	44
45	SEAL COATING/PATCHING	1997	2,300	460	5	460		1,993	45
46	REPAIR KEBO LIFT	1997	1,917	383	5	383		1,629	46
47	LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)	1998	6,800	680	10	680		2,607	47
48	SHINE-RITE(STRIP & REFINISH FLOORS)	1998	6,000	600	10	600		2,150	48
49	CORONET MFG	1998	8,970	897	10	897		2,766	49
50	REEDY EQ.(REPAIR DISHWASHERS)	1998	4,612	461	10	461		1,422	50
51	JP Graham(installation)	1999	2,781	278	10	278		811	51
52	Northtown (repair steamer)	1999	1,674	167	10	167		446	52
53	Rykoff Sexton(kitchen supplies)	1999	2,337	234	10	234		604	53
54	Long Elevator(repair water damage)	1999	2,949	295	10	295		664	54
55	Fox Valley(fire alarm inspection)	1999	2,000	133	15	133		289	55
56	ABC(construction management)	1999	785	157	5	157		327	56
57	Kraft Paper (desk & chairs)	1999	2,023	135	15	135		281	57
58	Climate Services(exhaust roof top repair)	1999	2,143	214	10	214		446	58
59	New Horizons(install phones and wall mounts)	1999	5,848	585	10	585		1,218	59
60	ABC:Carpentry labor	1999	2,460	246	10	246		512	60
61	ABC:Resilient flooring	1999	3,996	400	10	400		899	61
62	continue….								62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,224,918	$ 233,943		$ 245,946	$ 12,004	$ 2,820,828	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 7,224,918	$ 233,943		$ 245,946	$ 12,004	$ 2,820,828	1
2	Equipment International (dryer fan blade)	2000	602	60	10	60		115	2
3	CSI-Coker Service (repair steam table)	2000	1,151	115	10	115		221	3
4	Fox Valley Fire & Safety (fire alarm repair)	2000	776	78	10	78		149	4
5	Equipment International (motor repair - washer)	2000	1,106	111	10	111		212	5
6	Climate Service (replace hot water valve)	2000	1,303	130	10	130		250	6
7	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		193	7
8	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054	705	10	705		1,234	8
9	Alden Bennett Construction (time & material billing by facility)	2000	11,158	1,116	10	1,116		1,674	9
10	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		158	10
11	SKI-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		275	11
12	Alden Bennett Construction (time & material billing)	2000	7,777	778	10	778		1,037	12
13	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		273	13
14	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		94	14
15	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		51	15
16	ALDEN DESIGN (install medical gas system)	2000	1,540	218	10	218		218	16
17	ALDEN DESIGN (plat of survey)	2000	756	94	10	94		94	17
18	Alden Bennett Construction (oxygen tank installation)	2001	23,815	992	10	992		992	18
19	Alden Bennett Construction (lighting fixtures)	2001	63,680	5,307	10	5,307		5,307	19
20	New Horizons Communication (No Invoice)	2001	6,287	629	10	629		629	20
21	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		165	21
22	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	196	20	196		196	22
23	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	62	20	62		62	23
24	Equipment Int'l (washer repair)	2001	1,110	222	5	222		222	24
25	GT Mechanical Inc (repair freezer)	2001	2,886	289	5	289		289	25
26	Alden Bennett (miscell construction)	2001	2,913	194	10	194		194	26
27	Hobart (installed amps for serving steamers)	2001	1,828	244	5	244		244	27
28	Capps (install preassure reading valve)	2001	3,485	58	10	58		58	28
29	Fire Pros (control panel repair)	2001	5,425	90	10	90		90	29
30	Alden Bennett (miscell construction)	2001	2,876	72	10	72		72	30
31	Alden Bennett (miscell construction)	2001	1,622	27	5	27		27	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,391,022	$ 246,631		$ 258,634	$ 12,004	$ 2,835,621	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 499,884	$ 55,364	$ 55,364	$		$ 425,167	71
72	Current Year Purchases	12,021	454	454			454	72
73	Fully Depreciated Assets	341,459	668	668			341,459	73
74								74
75	TOTALS	$ 853,364	$ 56,486	$ 56,486	$		$ 767,080	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	various	van/bus	1998-2000	$ 11,938	$ 3,797	$ 3,797	$	3	$ 6,200	76
77										77
78										78
79										79
80	TOTALS			$ 11,938	$ 3,797	$ 3,797	$		$ 6,200	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 8,407,391	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 306,914	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 318,917	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 12,004	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,608,902	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Princeton Assoc.

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [x] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 10/1/90
Ending 9/20/22

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/02	$ 853,472
13.	12/31/03	$ 853,472
14.	12/31/04	$ 853,472

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 9,120 Description: copy machine lease
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [x] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

skilled nursing on-site

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 124,767	$		$ 124,767	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			16,936			16,936	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			112,006			112,006	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	see page 16a…	# of prescrpts			0	47,961		47,961	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	see page 16a…				0	216,280		216,280	13
14	TOTAL			$		$ 253,709	$ 264,241		$ 517,950	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Princeton Rehab & HCC **#** 0036244 **Report Period Beginning:** 01/01/2001 **Ending:** 12/31/2001

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2001 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 426,055	$ 446,816	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 160,000)	1,342,551	1,349,513	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	116,029	124,825	6
7	Other Prepaid Expenses	1,005	1,005	7
8	Accounts Receivable (owners or related parties)		270,727	8
9	Other(specify): due from affiliates	2,166,002	2,166,002	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,051,643	$ 4,358,889	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		155,893	13
14	Buildings, at Historical Cost		6,984,761	14
15	Leasehold Improvements, at Historical Cost	505,811	505,811	15
16	Equipment, at Historical Cost	267,092	991,052	16
17	Accumulated Depreciation (book methods)	(394,455)	(3,513,968)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe loan prepay/acquis fees)		209,375	22
23	Other(specify): escrows/replac.reserve		806,638	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 378,448	$ 6,139,562	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,430,091	$ 10,498,451	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,695,459	$ 1,695,459	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		59,140	29
30	Accrued Salaries Payable	115,961	115,961	30
31	Accrued Taxes Payable (excluding real estate taxes)	110,055	110,055	31
32	Accrued Real Estate Taxes(Sch.IX-B)		275,000	32
33	Accrued Interest Payable		54,590	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accrued expenses	360,784	361,449	36
37	patient fund/credits	433,927	433,927	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,716,186	$ 3,105,581	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	654,440	654,440	39
40	Mortgage Payable		7,427,512	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	due to IDPA	123,440	123,440	43
44	intercompany payable	282,727	282,727	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,060,606	$ 8,488,118	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,776,792	$ 11,593,699	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 653,298	$ (1,095,249)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,430,091	$ 10,498,451	48

***(See instructions.)**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,220,597	1
2	Restatements (describe):		2
3	**External auditor's adjustments made after 2000 cost**		3
4	**report was submitted. These adj's have no effect on costs**		4
5	**(bad debt expense-non-allowable, and medicare revenue).**	(233,524)	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 987,073	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(333,774)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (333,774)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 653,298	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,008,459	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,008,459	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	86,771	6
7	Oxygen	53,875	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 140,646	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	114,650	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 114,650	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	95,337	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 95,337	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	dividend/miscell income/prior yr expense adjs/	11,686	28
28a	recovery of bad debt	194,324	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 206,009	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,565,102	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,389,245	31
32	Health Care	2,599,287	32
33	General Administration	1,725,682	33
	B. Capital Expense		
34	Ownership	1,248,527	34
	C. Ancillary Expense		
35	Special Cost Centers	812,948	35
36	Provider Participation Fee	123,188	36
	D. Other Expenses (specify):		
37	note: does not tie due to related party costs on page 3 & 4.		37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,898,876	40
41	**Income before Income Taxes (line 30 minus line 40)****	(333,774)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (333,774)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,506	2,661	$ 79,664	$ 29.94	1
2	Assistant Director of Nursing	3,308	4,339	83,049	19.14	2
3	Registered Nurses	17,342	18,430	470,757	25.54	3
4	Licensed Practical Nurses	28,211	30,312	572,840	18.90	4
5	Nurse Aides & Orderlies	78,480	83,849	711,112	8.48	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,539	2,748	33,171	12.07	9
10	Activity Assistants	6,977	7,225	48,056	6.65	10
11	Social Service Workers	1,984	2,080	35,446	17.04	11
12	Dietician					12
13	Food Service Supervisor	1,922	2,080	36,545	17.57	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,552	20,573	146,365	7.11	15
16	Dishwashers					16
17	Maintenance Workers	1,840	2,080	31,176	14.99	17
18	Housekeepers	20,440	22,114	174,835	7.91	18
19	Laundry	7,857	8,525	66,378	7.79	19
20	Administrator					20
21	Assistant Administrator	974	1,046	23,443	22.41	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,185	7,732	99,020	12.81	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,620	3,636	63,082	17.35	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	188	226	5,234	23.16	31
32	Other Health C: Clinical Support	2,432	2,832	59,991	21.18	32
33	Other(specify) Personnel	1,782	2,006	40,843	20.36	33
34	TOTAL (lines 1 - 33)	209,139	224,494	$ 2,781,007 *	$ 12.39	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	37	1,890	11-3	44
45	Social Service Consultant	12	626	12-3	45
46	Other(specify) psycho-soc.consult	0	4	12-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	49	$ 2,520		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	N/A	$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
R Agpasa	administrator	0	$ 4,379
various executive mngrs.	executives	0	67,138
Clarkin	administrator	0	55,716
D Dalicandro	administrator	0	3,910
Dipaolo	administrator	0	7,959
R Glantz/assistant administ	administrator	0	24,767
J Palazzo(4317)/Weber(3859)	administrator	0	8,176
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 172,045

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	MNGT. FEES	$ 635,642
Blackman Kallick	ACCT. FEES	6,100
Ken Fisch	Legal Fees	22,680
Barry Greenburg	Legal Fees	6,296
Janet Herman	Legal Fees	2,392
U.S. Gas & Energy	Utility consultant	1,856
Joint Commission	JHCACO consultant	8,289
Medi Com	Software consultant	166
Corus Line of Credit	Bank charges	5,500
Blood glucose prior yr exp adj	Med billing consultants	(13,563)
Various expenses prior yr adj	Various prof fees	(7,500)
Misc. Professional Fees	Profesional fees	3,408
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 671,265

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 48,393
Unemployment Compensation Insurance	10,246
FICA Taxes	245,210
Employee Health Insurance	33,128
Employee Meals	25,241
Illinois Municipal Retirement Fund (IMRF)*	
Chicago head tax	6,816
Union health & welfare	69,623
Dental / Life insurance	1,720
Employee relations / emp vaccinations	3,594
Payroll misc costs / tuition reimbursement	4,908
Pension	19,342
related party-ams	63,318
TOTAL (agree to Schedule V, line 22, col.8)	$ 531,539

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	1,269
Health Care Worker Background Check	1,274
(Indicate # of checks performed 182)	
Illinois healthcare association	8,738
Sprinker inspections	2,759
Misc. inspections	2,921
related party-ams	314
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 17,275

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Suzanne Clarkin	1,515
related party-ams	12,926
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 14,441

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	see page 22a & 22b (too many to fit here)…		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **YES**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **Illinois health care assoc $8738**

(3) Did the nursing home make political contributions or payments to a political action organization? **YES** If YES, have these costs been properly adjusted out of the cost report? **YES**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **10 YEARS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **11,134** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **123,188**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **25,241** Has any meal income been offset against related costs? **NO** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **N/A** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **NO**
Firm Name: **BDO SEIDMAN LLP** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **NO** If no, please explain. **NOT YET COMPLETED**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees.

Facility Name & ID Number ALDEN NURSING CENTER-PRINCETON **1/1/2001 Ending:** 12/31/2001

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	EXHAUST REPAIR *	2/92	3,117	5	0								
2	BOILER REPAIR *	2/92	3,223	5	0								
3	Wall papering *	2/93	3,525	5	59								
4	Repair baseboard *	6/93	1,720	5	143								
5	Belton airhandles *	11/93	3,283	5	546								
6	Painting *	12/93	1,344	5	246								
7	Cooler repair	5/93	1,567	10	157	157	157	157	157	104	0	0	0
8	PAINTING	5/94	14,473	3	0								
9	Climate service	1/95	4,318	15	288	288	288	288	288	288	288	288	288
10	Painting	2/95	20,117	3	559								
11	Painting	3/95	6,103	3	339								
12	Climate service	4/95	1,678	5	336	336	84	0					
13	Painting	4/95	1,920	3	160								
14	Painting	5/95	930	3	103								
15	Painting	6/95	1,290	3	179								
16	Painting	8/95	889	3	173								
17	Tower claners	9/95	4,993	3	999	999	666	0					
18	Painting	9/95	1,169	3	260								
19	Painting	12/95	1,758	3	537								
20	Painting *	12/95	1,395	3	426								
21	PAINTING	12/95	1,395	3	426	0							
22	PAINTING	1/96	1,249	3	416	0							
23	PAINTING	3/96	994	3	331	55							
24	PAINTING	4/96	1,324	3	441	110							
25	PAINTING	5/96	1,402	3	467	156							
26	PAINTING	3/96	1,406	3	469	78							
27	PAINTING	5/96	1,824	3	608	203							
28	AIR UNIT REPAIR	5/96	1,800	15	120	120	120	120	120	120	120	120	120
29	PUMP HVAC	4/96	2,457	10	246	246	246	246	246	246	246	246	246
30	CHILLER HVAC	5/96	1,900	10	190	190	190	190	190	190	190	190	190
31	CARPET	5/96	6,115	10	611	611	611	611	611	611	611	611	611
32	MOTOR HVAC	6/96	1,475	15	98	98	98	98	98	98	98	98	98
33	PAINTING	6/96	1,331	3	444	185	0						
34	PAINTING	7/96	2,085	3	695	347	0						
35	PAINTING	7/96	2,169	3	723	362	0						
36	COOLER HVAC	4/96	2,444	5	489	489	489	122	0				
37	PAINT DESK	8/96	5,483	10	548	548	548	548	548	548	548	548	548
38	PAINTING	12/96	1,747	3	582	534	0						
39	PAINTING	10/96	2,403	3	801	601	0						
40	PAINTING	11/96	2,176	3	725	604	0						
41	PAINTING	9/96	3,279	3	1,093	729	0						
42	REPAIR WALK-IN COOLER	1/97	2,419	3	806	807	0						
43	REPLACE HVAC PUMP	1/97	5,890	3	1,963	1,964	0						
44	HVAC PUMP REPLACEMENT	9/97	3,299	3	1,100	1,100	733	0					
45	TEMPERATURE PUMP REPAIR	12/97	1,660	3	553	553	508	0					
46	CLIMATE(REPAIR PUMP MOTOR)	1/98	3,051	3	1,017	1,017	1,017	0					
47	CLIMATE(INSTALL HOT WATER B)	2/98	2,100	3	642	700	700	58	0				
48	MR.ROOTER(REPAIR EJECT.PUMP)	6/98	2,000	3	389	667	667	278	0				
49	CLIMATE(BLOWER MOTORS)	7/98	16,668	3	2,778	5,556	5,556	2,778	0				
50	CLIMATE(REPAIR A/C)	9/98	1,671	3	186	557	557	371	0				
51	PAINTING	3/98	6,291	3	1,748	2,097	2,097	350	0				
52	PAINTING	6/98	5,196	3	1,010	1,732	1,732	722	0				
53	PAINTING	9/98	5,496	3	611	1,832	1,832	1,221	0				
54	PAINTING	12/98	4,183	3	116	1,394	1,394	1,278	0				
55	CSI (inv 65140,65153,65157,65155)	3/99	1,578	3		438	526	526	88	0			
56	Chicago Cooling (assemble A/C)	6/99	2,403	3		467	801	801	334	0			
57	CSI(NEED INVOICE)	7/99	2,576	3		501	859	859	358	0			
58	CSI(NEED INVOICE)	10/99	3,750	3		729	1,250	1,250	521	0			
59	Painting>$1,500 for 1999	7/99	14,758	3		2,460	4,919	4,919	2,460	0			
60	D. B. S. Contracting (20 zone automatic sprin	5/00	40,090	3			8,909	13,363	13,363	4,455	0		
61	Alden Bennett Construction (HVAC repair)	7/00	5,498	3			916	1,833	1,833	916	0		
62	Alden Bennett Construction (time and materia	6/00	1,545	3			300	515	515	215	0		
63	painting>$1500 for 2000	07/01	9,747	3			1,625	3,249	3,249	1,625	0		
	no new purchases for 2001...												
64	**TOTALS**		267,137		28,950	32,617	40,395	36,751	24,978	9,416	2,101	2,101	2,101